



**COMMONWEALTH OF MASSACHUSETTS**  
**Office of Consumer Affairs and Business Regulation**  
**DIVISION OF INSURANCE**

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**Foreign Insurance Company Redomestication Instructions**

A foreign insurance company with authority to transact insurance business in Massachusetts that redomesticates **must** provide the following:

1. A certified copy of Amended Articles of Incorporation reflecting the change in state of domicile
2. A copy of the redomestication order(s) from the insurers domiciliary state insurance departments
3. The effective date of the redomestication
4. The new statutory home office address, mailing address, and telephone numbers(s)
5. A check, payable to the **Commonwealth of Massachusetts, Division of Insurance** for the following nonrefundable fee:

Amended Articles of Incorporation Filing Fee      **\$ 65.00**

Please forward these items to:

Commonwealth of Massachusetts  
Division of Insurance  
Company Licensing Section  
One South Station  
Boston, MA 02110-2208